Name		Age		No.		
Admission date		Provisional diagnosis				
Problem list		Plan				

Date / Treatment							

	Plan
	يوم
	يوم
	يوم
	يوم
	يوم
	يوم
	يوم

Labs and vital signs

Date																			
BP																			
Pulse																			
RR																			
Temperature																			
Sa O_2																			
Room air																			
Oxygen liters																			
TLC																			
Neutrophils																			
Lymphocyte																			
Hemoglobin																			
Platelets																			
AST																			
ALT																			
Urea																			
Creatinine																			
LDH																			
D dimer																			
CRP																			
Ferritin																			
procalcitonin																			
Troponin																			
RBS																			

Radiology

- **CT chest :**

- **Ultra sound :**

- **Echocardiography :**

Consultation